

POSITION

INITIALS

ID NO.

DATE

P.E. DETERMINATION

O.I.P.E. CLASSIFIER

FORMALITY REVIEW

RESPONSE FORMALITY REVIEW

Don

172223

1-16-00

INDEX OF CLAIMS

☒ Rejected
☐ Allowed
☐ (Through numeral) Canceled
☐ Restricted
☐ Non-elected
☐ Interference
☐ Appeal
☐ Subjected

Claim	Date	Claim	Date	Claim	Date
1		61		111	
2		62		112	
3		63		113	
4		64		114	
5		65		115	
6		66		116	
7		67		117	
8		68		118	
9		69		119	
10		70		120	
11		71		121	
12		72		122	
13		73		123	
14		74		124	
15		75		125	
16		76		126	
17		77		127	
18		78		128	
19		79		129	
20		80		130	
21		81		131	
22		82		132	
23		83		133	
24		84		134	
25		85		135	
26		86		136	
27		87		137	
28		88		138	
29		89		139	
30		90		140	
31		91		141	
32		92		142	
33		93		143	
34		94		144	
35		95		145	
36		96		146	
37		97		147	
38		98		148	
39		99		149	
40		100		150	

If more than 150 claims or 10 actions
staple additional sheet here

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